STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445242	A. BUILDING _____ B. WING _____	C 10/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREYSTONE HEALTH CARE CENTER	181 DUNLAP ROAD, PO BOX 1133 BLOUNTVILLE, TN 37617

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 159 SS=E	483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section. The facility must deposit any resident's personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $50 in a non-interest bearing account, interest-bearing account, or petty cash fund. The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative. The facility must notify each resident that receives Medicaid benefits when the amount in the	F 159	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* **What corrective action(s) will be done for residents found to have been effected by the deficient practice.** Receipts for purchase for residents will be maintained in the business office with residents trust fund. The facility has implemented a plan to provide written statements quarterly to the resident/responsible party of money held by the facility on Nov 2, 201. **How facility will identify other residents having potential to be affected by practice AND what corrective action will be taken.** Current resident's financial records were reviewed for receipts and proof that written quarterly statements were provided to residents or responsible parties. Residents will sign a copy of their statement quarterly indication they have received a written quarterly statement.	11/21/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 11/10/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

NOV 16 2011

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F 159	Continued From page 1 resident's account reaches $200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI. This REQUIREMENT is not met as evidenced by: Based on review of resident fund accounts and interview, the facility failed to ensure written receipts were provided for purchases or services obtained using resident monies and failed to ensure proof a financial accounting statement was provided to the residents or resident's representatives with funds on a quarterly basis for all residents with funds held in an interesting bearing account by the facility. The facility manages over one hundred resident accounts. The findings included: Review of the facility Resident Fund Management Service account records for January, February, and March 2011, and July, August, and September 2011, for eight resdients, revealed there were few receipts for items purchased by the residents, such as hair cuts and shopping receipts. Review revealed the facility kept an accounting of all residents for which the facility held money. Continued review revealed the facility had no proof the resident or the resident's representative was provided a written quarterly statement. Interview in the family room on September 29,	F 159	**What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur.** The facility will maintain the number of stamped envelopes to validate the statements was mailed to responsible parties through the automated stamping meter reading. Education was provided to business office staff on 11/10/2011 by the business office manager regarding providing to residents and maintaining receipts for resident purchases with each resident's file of accounts. Education also included maintaining proof that resident trust fund account information is given to the resident/responsible party quarterly. **How corrective action will be monitored to ensure the deficient practice will not recur. i.e. what quality assurance program will be put in place.** The Business Office Manager will audit 10% of the resident funds for the presence of receipts weekly for 2 weeks, then monthly for 4 months. The Business Office Manger will audit monthly meter reading for 4 months to assure the statements are mailed at least quarterly. Audit results will be reviewed in the QA Committee meeting with changes to the plan or monitoring as deemed by the QA Committee.	

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F 159	Continued From page 2 2011, at 9:45 a.m., with the facility bookkeeper confirmed the facility files did not contain a receipt for all items or services purchased; and the facility had no written proof the resident or the resident's representative had been provided a quarterly statement of the accounting of the resident's funds. The bookkeeper confirmed it was not the facility practice to send statements and "was not aware needed to".	F 159		